



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
MOTOR VEHICLE COMMISSION
500 JAMES ROBERTSON PARKWAY 2nd FLOOR
NASHVILLE, TENNESSEE 37243-1153

APPLICATION FOR AUTOMOBILE AUCTION LICENSE

Pursuant to the Laws of the State of Tennessee and in accordance with the provisions of Section 4, Chapter 79, Public Acts of 1955, as amended. Application is hereby made for a license to conduct business in the State of Tennessee as indicated.

STATE SALES TAX NO.: _____

PRIVILEGE LICENSE NO.: _____

1. FIRM NAME

Correct name under which business will be conducted

2. BUSINESS ADDRESS

3. DATE BUSINESS ESTABLISHED

Month

Year

4. BUSINESS PHONE _____ FAX # _____

5. NAME AND ADDRESSES OF ALL BRANCHES, SUBSIDIARIES, AFFILIATES OR ASSOCIATES SERVING DEALERS OF MOTOR VEHICLES IN ANY PART OF TENNESSEE.

6. NAMES OF ALL EXECUTIVE OR SALES PERSONNEL REPRESENTING THE APPLICANT WHO CONTACT OR SUPERVISE DEALERS AT AUTOMOBILE AUCTION SALES IN TENNESSEE.

7. DESCRIPTION OF QUARTERS IN WHICH BUSINESS WILL BE CONDUCTED:

TYPE OF BUILDING _____ SIZE OF BUILDING _____ SIZE OF CAR LOT _____

8. IS BUSINESS OWNED BY: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

(a) IF INDIVIDUAL, GIVE NAME AND ADDRESS OF OWNER:

(b) FI A PARTNERSHIP, GIVE NAME AND ADDRESS OF EACH PARTNER AND DESIGNATED MANAGING PARTNER OR PARTNERS:

(C) IF A CORPORATION:

(1) IN WHAT STATE INCORPORATED: _____

(2) IF OTHER THAN TENNESSEE, ARE YOU AUTHORIZED TO DO BUSINESS IN THIS STATE? _____ OR _____
YES NO

(3) LIST NAMES, ADDRESS AND TITLES OF OFFICERS, DIRECTORS, AND MANAGER:

9. I HEREBY CERTIFY THAT THE STATEMENTS IN, OR ATTACHED TO THIS APPLICATION ARE TRUE AND CORERCT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE MEMEBERS OF THIS ORGAMIZATION ARE FAMILIAR WITH THE PROVISIONS OF THE LAW UNDER WHICH THIS APPLICATION IS MADE; AND THAT I, AS PROPRIETOR, PARTNER, OR PROPER OFFICER OF THE CORPORATION, HAVE AUTHORITY TO MAKE THE STATEMENTS CONTAINED HEREIN.

DATE: _____

SIGNED: _____
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED OFFICAIL OF FIRM

E-MAIL ADDRESS: _____

TITLE: _____

10. STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS _____, DAY OF _____ 20 _____

(SEAL) MY COMMISSION EXPIRES _____

NOTARY PUBLIC

IMPORTANT: ALL PERSONS MAKING APPLICATION FOR A MOTOR VEHICILE AUCTION LICENSE FOR THE **FIRST TIME** MUST FURNISH A CERTIFIED CURRENT FINANCIAL STATEMENT.

MAIL APPLICATION AND FEE TO THE: TENNESSEE MOTOR VEHICILE COMMISSION
500 JAMES ROBERTSON PKWY. 2ND FLOOR
NASHVILLE, TN 37243-1153

BIENNIAL FEE---- AUTOMOBILE AUCTION \$800.00